

Suppl mental Application Data Sheet

Application Information

Application number::	09/715836
Filing Date::	11/17/00
Subject Matter::	Utility
Suggested Group Art Unit::	1646
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	BIGLYCAN AND RELATED THERAPEUTICS AND METHODS OF USE
Attorney Docket Number::	BURF-P01-006
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	16
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Justin
Middle Name::	R.
Family Name::	Fallon
City of Residence::	Harvard
State or Province of Residence::	MA
Street of mailing address::	62 Massachusetts Avenue

City of mailing address::	Harvard
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	01451

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Beth
Family Name:: McKechnie
City of Residence:: Franklin
State or Province of Residence:: MA
Street of mailing address:: 6 Kerrie Circle

City of mailing address::	Franklin
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02038

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Family Name:: Rafii
City of Residence:: Riverside
State or Province of Residence:: RI
Street of mailing address:: 1978D Village Green South

City of mailing address::	Riverside
State or Province of mailing address::	RI
Postal or Zip Code of mailing address::	02912

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Hilliary
Family Name:: Creely
City of Residence:: Providence
State or Province of Residence:: RI
Street of mailing address:: 371 Angel Street

City of mailing address:: Providence

State or Province of mailing address:: RI

Postal or Zip Code of mailing address:: 02906

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: A.
Family Name:: Bowe
City of Residence:: Derwood
State or Province of Residence:: MD
Street of mailing address:: 15910 Yukon Lane

City of mailing address:: Derwood

State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: 20855

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Raymond
Family Name:: Ferri

City of Residence:: Providence
State or Province of Residence:: RI
Street of mailing address:: 42 Charlesfield Street

City of mailing address:: Providence

State or Province of mailing address:: RI

Postal or Zip Code of mailing address:: 02912

Correspondence Information

Correspondence Customer Number:: 28120

Representative Information

Representative Customer Number:: 28120

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/166253	11/18/99

Assignee Information

Assignee name:: Brown University Research Foundation

Street of mailing address:: 42 Charlesfield Street

City of mailing address:: Providence

State or Province of mailing address:: RI

Country of mailing address:: US

Postal or Zip Code of mailing address:: 02912-1949
